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Approved for use through 10/31/2002. OMB 0651-0031

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Substitute for form 1449B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	09/758,625
				Filing Date	JANUARY 11, 2001
				First Named Inventor	RALPH H. ECHOLS
				Group Art Unit	1723
				Examiner Name	E. REVIS T. Cecil
				Attorney Docket Number	2000-IP-001727
Sheet	2	of	2		

[illegible]

Examiner Signature	T. Cecil	Date Considered	1.28.03
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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